# 國際科學研究項目比賽

# KLESF INTERNATIONAL CHALLENGE 2018

# (2 – 4/ 11 / 2018)

# 參賽表格

請打勾 (√):

|  |  |
| --- | --- |
|  | 小学組(12歲或以下). 參加人數: \_\_\_\_\_\_\_ |
|  | 中學組 (13 - 18 歲). 參加人數: \_\_\_\_\_\_\_\_\_\_ |

**項目資料:**

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| **項目名稱:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **項目領域:**請打勾 (√): | ( ) 應用科學 ( ) 物理和生物科學 |
| **項目摘要**: *(簡要說明這個項目的目標，描述項目的內容。例如項目的背景資料，程序和預期結果)* |
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項目指導老師和學生的詳細資料：

|  |  |
| --- | --- |
| 指導老師 | 名字:  |
| 聯繫號碼:  |
| 電郵 : |
| 學校: |
| 學生 **#1** | 姓名: | 聯繫號碼:  |
| 電郵: |
| 學生 **#2** | 姓名: | 聯繫號碼:  |
| 電郵: |
| 學生 **#3** | 姓名: | 聯繫號碼:  |
| 電郵: |
| 學校 |  |
| 學校地址 |  |
| 住宿(請見備註) | □依大會安排□請代安排星級飯店 |

**備註：(1)住宿(多人共住)四天(11月1-5日)、活動期間(三天)的三餐、機場接送以及當地交通等費**

 **用，計500馬幣(約台幣3770元) 。**

 **(2)若需待安排星級飯店，將委託旅行社代訂，每晚約2600 台幣，不含三餐。(活動會場周邊**

 **有餐館)**

**報名截止日期: 2018/06/23**

**表格請繳交到:**

周瑛琪教授

傳真: 04-23594017

電郵: ycchou@thu.edu.tw

王嘉如老師

電郵: d06220702@thu.edu.tw

# KLESF INTERNATIONAL CHALLENGE 2018

# (2 – 4 November 2018)

# ENTRY FORM

Please tick (√):

|  |  |
| --- | --- |
|  | Primary (12 years old and below). No. of participants: \_\_\_\_\_\_\_ |
|  | Secondary (13 - 18 years old). No. of participants: \_\_\_\_\_\_\_\_\_\_ |

**Project Information:**

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| --- |
| **Title of Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Project Area:***(Please tick* √ *)* | ( ) Applied Science ( ) Physical and Biological Sciences |
| **Abstract of Project**: *(Briefly explain the goal of this project, describe what the project is about; e.g background information, procedures and expected outcome of the project)* |
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**Particulars of Project Mentor and Students:**

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| --- | --- |
| **Teacher/Mentor** | Full Name: (Dr/Ms/Mr) |
| Contact Number:  |
| Email : |
| Name of school: |
| **Student #1** | Name: | Contact Number:  |
| Email : |
| **Student #2** | Name: | Contact Number:  |
| Email : |
| **Student #3** | Name: | Contact Number:  |
| Email : |
| **Name of School** |  |
| **School Address** |  |

**Closing Date for Registration: 2018/06/23**

**Please return completed form to:**

Prof. Ying-Chyi Chou

Fax: 04-23594107

Email: ycchou@thu.edu.tw

Ms Ong Kiah Ju

Email: d06220702@thu.edu.tw